

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of _____
 or _____
 City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175
 County Registrar No. _____
 Local Registrar No. 54

2. Full name of child James Thurlis Woods
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth March 23-1926
 Month Day Year

8. FATHER
 Full name Noah Ellis Woods
 9. Residence Maricopa Globe Ariz.
 (Usual place of abode) Thatcher
 If non-resident, give place and state.
 10. Color or race White
 11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Thatcher
 (State or country) Ariz.

13. Occupation
 Nature of Industry Miner

14. MOTHER
 Full maiden name Francis Loresa Allen
 15. Residence Maricopa Hill
 (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.
 16. Color or race W
 17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Water Cross Spring
 (State or country) Texas

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother { (a) Born alive and now living 4
 (Taken as of time of birth of child herein (b) Born alive but now dead 1
 certified and including this child.) (c) Stillborn 2
 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6:30 A.M. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature W. W. Forst
 Address Globe Ariz.
 (Physician or midwife).

Given name added from supplemental report _____ Filled 3/31, 1926 W. W. Forst
 Month, day, year Local Registrar.

Registrar

Filled _____, 19____

County Registrar

1162-323-615